

school because a mother during a mass x-ray survey was found to have an old lesion under a clavicle. The roentgenological report said "tuberculosis"—the doctor did not differentiate healed, innocuous tuberculosis from the active form. A trace of sugar in the urine does not necessarily mean diabetes, nor a trace of albumin, nephritis. A high metabolic rate may not mean hyperthyroidism. A high cholesterol content of the blood, or an increase in uric acid content, may be significant but not unless it corroborates an existing clinical picture. Even a carefully read electrocardiogram of suspicious implication does not prove that a coronary occlusion has occurred, for we know that such diagnoses have been proven wrong at autopsy. Tinsley Harrison recently stated that every pain in the chest does not have to be the result of a coronary occlusion.

The average practicing physician may be unable to make his own interpretations of complicated laboratory findings or to read x-ray films and therefore may blindly accept the report he receives. A physician

recently told a patient that she had pulmonary tuberculosis. The patient asked, "Aren't you going to examine me or look at my sputum?" The doctor replied, "Examination is unnecessary; the x-ray findings are all I need." This is a true happening and emphasizes very well some of our trends today. In many cases, laboratory reports are being used to make a diagnosis. Some physicians seem to be losing the clinical intuition of the old medical masters.

It should not be forgotten that a patient is a human being with organs, blood and secretions and that these often function in ways beyond our ken. We are losing the art of analysis and discussion. We are no longer training ourselves to be clinicians attempting to make a diagnosis from the patient's statements, the physical and laboratory findings, and our own analysis and deductions. All honor and recognition to the laboratory for its part in present accomplishments. But let it become the physician's guide and assistant, not the director of his thinking. Let the physician remain his own master in diagnosis.



1948 Annual Session

With the journal going to press just at the close of the 1948 Annual Session of the California Medical Association, time is short for a comprehensive review of the meeting but a few highlights may be touched upon at this time pending a complete report in a later issue.

Scientifically, the meeting appears to have been one of the finest ever conducted by the Association. Six guest speakers took part, along with invited guests from outside the Association and well-balanced groups of members reporting on their own findings. Public interest in the scientific sessions is attested by the prominence given by California newspapers to stories on the meeting, in competition with presidential primaries, the atomic bomb, American-Russian relations and other news of world import.

Guest speakers included prominent physicians invited by the sections on general medicine, general surgery, anesthesiology and dermatology and syphilology, together with the Association president's guest and Doctor George F. Lull, secretary and general manager of the American Medical Association. This large and important list of speakers argues well for the continuance of the plan inaugurated this year for more guests at annual meetings.

On the business side, the House of Delegates held its usual meetings, considered six proposed constitutional amendments, looked into the reports of two important interim committees appointed following last year's meeting, and studied thirty-two resolutions brought in as new business. Five of the resolutions emanated from the Council and were favorably received by the House. These included a memorial to the A. M. A. for medical preparedness for both

civilians and military forces in time of war, a proposal to establish a statewide committee to study the problems of chronic alcoholism, the naming of a reference committee on finances of the House of Delegates to study financial reports and consider a new budget with dues for the coming year, and two technical by-law amendments to require that members must maintain their membership in the counties in which they maintain their principal offices of practice.

Among the resolutions offered from the floor were several on the question of rebates, one on a proposed probe of the Association's public relations activities, and others on a variety of subjects too extensive to detail here. In the final analysis it may be said that the House of Delegates voiced approval of the manner in which the Association's affairs have been handled by the Council, meanwhile giving ear to proposals of Delegates which suggested counter activities.

A look at the list of thirty-two resolutions placed before the House of Delegates and a study of the reference committee's report and recommendations on them cannot but impress any member with the thoroughgoing manner in which the Association handles its organizational affairs. The variety of subjects offered, the intense and time-consuming study made by the reference committees, the list of witnesses appearing on both sides of every controversial matter, gives new emphasis, if any is needed, to the fact that the California Medical Association operates on the basis of a true democracy. A member's ideas may not be accepted by the governing bodies, but they are certainly given a fair hearing and full consideration.